# UTILITY PATENT APPLICATION TRANSMITTAL

Docket No.: PARM-01137 First I	nventor: Parmater, Kim					
Title: Multifunction Exercise Device	Express Mail No.: <u>ET529196259US</u>					
Application Elements	ddress to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
1. X Fee Transmittal Form (original and copy)  2. X Applicant claims small entity status (37 CFR 1.27)  3. X Specification Total Pages: 14 - Descriptive title of the invention - Cross Reference to Related Applications - Reference to sequence listing, a table, or computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	4. X Drawing(s) Total Sheets: 5  5. Oath or Declaration Total Pages: 1  a. X Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63 (d))  i. Deletion of Inventor(s) Signed statement attached deleting Inventors named in prior application.  6. Application Data Sheet  7. CR-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
	APPLICATION PARTS					
8 Power of Attorney						
9Assignment Papers (cover sheet and docu						
1037 CFR 3.73(b) Statement (when there is	• ,					
11. X Information Disclosure Statement (IDS)	9 Copies of Citations					
13Preliminary Amendment						
14 Certified Copy of Priority Documents(s)						
15 Other:						
If a Continuing Application:						
Continuation Divis	ional Continuation-in-part					
Of prior application No.:/ Exa	miner: GAU					

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# **CORRESPONDENCE ADDRESS**

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	EXPRESS MAIL CERTIFICATE
	"EXPRESS MAIL" Mailing Label Number: <u>ET529196259US</u> Deposit Date: <u>3 1402</u> I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" on the date indicated above and is addresses to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231
	Name of Depositor

# FEE TRANSMITTAL FORM

(Year 2002)

Payment Total \$ 370.00

If known: Application No.: Filing Da	to:								
Application No.: Filing Date: First Inventor: PARMATER, Kim Examiner Name:									
GAU: unk Docket No.: PARM-01137									
C. L.									
Small Entity Status: X Applicant claims small entity status (37 CFR 1.27)									
Method of Payment:			-						
1. [ ] Deposit Account	3. A	3. Additional Fees:							
Account Number	Large	Large Entity Small Entity							
Account Name:	Fee Code	Fee	Fee	Fee	Description	Fee Paid			
[ ] Charge any additional Fee Required	105	(\$) 130	Code 205	(\$) 65	Surcharge- late fee	———			
Under 37 CFR 1.16 and 1.17  2. [X] Payment Enclosed	127	50	227	25	Surcharge-late fee Provisional				
[X] Check [ ] Credit Card [ ] Money Order	115	110	215	55	Extension 1 <sup>st</sup> month	1			
Fee Calculation:	116	400	216	200	Extension 2 <sup>nd</sup> mont				
1. Basic Filing Fee:	117	920	217	460	Extension 3 <sup>rd</sup> month				
•	118	1440	218	720	Extension 4th month				
Large Entity Small Entity Fee Fee Fee Fee Description	128	1960	228	980	Extension 5th month	1			
Code (\$) Code (\$) Fee Paid	119	320	219	160	Notice of Appeal				
101 740 201 370 Utility filing fee \$370	120	320	220	160	Filing Brief in supp of an appeal				
107 510 207 255 Plant Filing fee	121	280	221	140	Request oral hearin	g			
108 740 208 370 Reissue filing fee	140	110	240	55	Petition to retrieve				
114 160 214 80 Provisional fee	141	1280	241	640	unavoidable Petition to retrieve				
Subtotal (1) \$_370	1.42	1200	242	640	unintentional				
2. Extra Claim Fees:	142 143	1280 460	242	640	Utility issue fee				
Extra Fee Fee Paid	143	620	243	230 310	Design Issue fee Plant issue fee				
Total Claims 20 -20 = 0 X == Ind. Claims: 2 -3 = 0 X ==	122	130	122	130	Petition fee				
Multiple Dependent =	581	40	581	40	Assignment fee				
Large Entity Small Entity	146	740	246	370	Filing submission				
Fee Fee Fee Description	140	740	240	AF (3	7 CFR 1.129(a))				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	149	740	249	370 (37 C	Additional inventio FR 1.129(b))	n 			
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim	179	740	279	370 Exam	Request for Continuination (RCE)	ued			
109 84 209 42 Reissue independent claims	169	900	169	900	Request for expedit				
over original patent 110 18 210 9 Reissue claims in excess of 20				exami	ination of design app				
and over original patent	Other Fee:								
Subtotal (2) \$0					Subtotal (3)	\$ <u> </u>			
Name: Kim Parmater	Tel	enhor	ne.	(057	2) 476-5492				
) C	Telephone: (952) 476-5493								
Charles and a			7	ارك	Hnz				
Signature: Y Y Garry		Dat	ُـــ :e	י וע	1100				

### THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

PARMATER, Kim

Filed:

Herewith

Title:

Multifunction Exercise Device

Assistant Commissioner for Patents Washington, DC 20231

## DECLARATION OF MAILING BY "EXPRESS MIAL"

### Kim Parmater declares as follows:

I reside at:
 19091 Ashcroft Circle, Minnetonka, MN 55345

- 2. On 31402 2002, I deposited in the mail, "Express Mail Post Office to Addressee" service of the united States Postal Service, the contents of the envelope for which "Express Mail" receipt No. ET529196259US was issued and addressed to the Assistant Commissioner for Patents, Washington DC 20231.
- 3. Attached hereto is a true copy of the "Express Mail" receipt No. ET529196259US.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine, imprisonment or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the above-identified application or any patents issued thereon.

Date: 3 14 02 Signed;